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OPERATIONS AND ECONOMICS IN A PANDEMIC

The Importance of Temporary Telehealth Parity Laws to Improve Public Health During COVID-19 and Future Pandemics



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As the COVID-19 pandemic continues in the United States, our government has taken many salutary steps to limit the spread of the infection. One of these positive steps is the new support for telemedicine from the Centers for Medicare and Medicaid Services, which has added 85 telehealth services to the list covered by Medicare, with reimbursement at the same rate as in-person visits.

Telemedicine visits are an important weapon in the public health armamentarium to “flatten the curve” on COVID-19. Telemedicine visits allow patients to get valuable medical care while quarantined at home, reducing their risk of contracting COVID-19 in the clinic and limiting the risk of exposure to health care providers and other patients. We applaud the Centers for Medicare and Medicaid Services for this decision.

Many states have expanded Medicaid to reimburse telehealth visits at standard Medicaid levels. For private insurers, telemedicine reimbursement policies are more heterogeneous and vary by state. Only 22% of states have telehealth parity laws (Arkansas, Connecticut, Delaware, Indiana, Massachusetts, Minnesota, New Jersey, New Mexico, North Dakota, Tennessee, and Vermont).¹ Many of the states hardest hit by COVID-19 have not implemented telehealth parity laws. California has a parity law, but it will

not go into effect until January 2021, after the pandemic may have subsided.¹

In our opinion, telemedicine utilization will lag as long as the system disincentivizes telehealth visits by reimbursing these visits at lower rates than in-person visits. Telehealth reimbursement can be substantially lower than in-person visits, and the associated loss of revenue may be too much for many practices to absorb. Without robust access to telehealth, many patients will be too fearful of contracting COVID-19 to seek in-office medical attention and may delay care until their situation becomes dire, placing undue burden on emergency departments and hospitals.

Telehealth visits cannot and should not replace in-person visits with health care providers for many situations. For clinical situations in which telehealth is appropriate, we encourage private insurers to adopt temporary telehealth payment parity policies and state lawmakers to pass temporary telehealth parity laws to cover the COVID-19 pandemic. We realize that there are practice costs and facility fees that need to be addressed in the long term, but in the immediate crisis of COVID-19, resolution of these concerns could be deferred to encourage speedy adoption of telehealth. These laws should be written to snap back

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into effect during future pandemics. Instituting permanent telehealth parity laws should be deferred until the issue can be further studied and the unintended consequences of such a policy are better understood. Telehealth parity laws that apply during nonpandemic conditions should be limited to specific clinical scenarios in which a telehealth visit would provide value comparable to an in-person visit, which is a high bar. Evaluating the patient in-person and performing a physical examination are critical for providing the highest quality medical care in most clinical settings and should not be devalued even as telemedicine expands. As physicians

and oncologists, we see the value in telemedicine, particularly during a pandemic, but we also see the potential pitfalls of overutilization of telemedicine once the pandemic subsides.

Reference

1. Center for Connected Health Policy: COVID-19 telehealth coverage policies. Available at: <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>. Accessed April 17, 2020.